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For 703-872-9306. KaTherine Mater K.

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I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with III Combridge Dr. Customer Number: Mª Murray, PA 15317 OR Firm or Individual Name Address City State 15 317 Country Telephone Fax 724-941-9784 I am the: K Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Berney Date Telephone 4-13-05 724-941-1433 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. *Total of DNE _forms are submitted.

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